

Revision date: April 16, 2020

Protocol for Patients Exposed to COVID-19

As approved by DPH

General comments:

CDC Stratification of risks following exposure to COVID-19

- **Low risk:** walking by an asymptomatic person who tested positive for COVID
- **Mild risk:** Being in the same room and within 6 ft of a symptomatic COVID+ person but exposure time less than 10 minutes.
- **Medium risk:** Prolonged exposure (10 minutes or longer) within 6 ft of a symptomatic COVID+ person.
- **High risk:** Close household contact of person suspected or confirmed COVID+. Staff members working or exposed at the hospital are **not high risk** as defined here. High risk exposure is when a staff member lives in a home with a confirmed COVID+ individual.

Note:

In all situations, risk is reduced if one or both parties have face mask on during the exposure

A contact with a contact of someone who is suspected or confirmed COVID positive (i.e. a person twice removed from the COVID case) is at low risk, and does not require additional monitoring or restrictions

A. Inpatient with direct prolonged exposure to (or direct contact with potential infectious secretions of) an asymptomatic person who subsequently (at a later time/date after the exposure) develops symptoms and test positive for COVID-19; if patient remains asymptomatic

- *If exposure occurred **48 hours or less** before onset of symptoms, **proceed directly to B (below)***
- *If exposure occurred **greater than 48 hours** before onset of symptoms, continue treatment as usual without quarantine.*
- May attend groups therapy sessions with appropriate social distance and hand hygiene
- No need to mask patient or test for COVID-19
- Monitor temperature and respiration twice daily
- Monitor for signs of infection; fever, cough, shortness of breath, sore throat or GI symptoms
- If patient becomes symptomatic, proceed as described in C

B. Inpatient with direct prolonged exposure to (or direct contact with potential infectious secretions of) a suspected or confirmed case of COVID-19; *if patient remains asymptomatic*

- Quarantine patient for 14 days in a single room (with own bathroom if available) and close door
- Inform IP, chief nursing officer (CNO) or designee, and medical director or designee
- Monitor temperature twice a day, at least 8 hours apart and monitor respiration
- Monitor for signs of infection; fever, cough, shortness of breath, sore throat or GI symptoms
- Place facemask on patient when outside the room. Encourage hand hygiene
- Maintain droplet and standard precautions: Staff wears mask, gloves, gown and face shield or goggles to enter room, plus frequent hand hygiene and social distance
- Patient may have fresh air break, coordinated with staff so no contact with others. Staff should wear mask, maintain social distance and frequent hand hygiene.
- Housekeeping staff clean and disinfect areas patient went or touched
- No testing for COVID-19 recommended
- If patient becomes symptomatic, proceed as described in C

C. Inpatient with symptoms suggestive of COVID-19; fever 100 or higher, OR respiratory symptoms

- Isolate patient in a single room (with own bathroom if available) and close door. **Do not** cluster patients with similar symptoms because they may ultimately have different diagnoses.
- Inform IPN, CNO/designee and medical director/designee
- Monitor vital signs every shift
- Place facemask on patient whenever outside the room. Encourage frequent hand hygiene
- Staff will wear facemask (N95 or surgical mask if not available), gown, gloves and face shield/goggles to enter room, plus frequent hand hygiene when not in patient's room.
- Patient may have fresh air break, coordinated with staff so no contact with others
- Minimize travel outside of isolation room
- May not attend group therapy sessions
- Have meals in room
- Take temperature of all other patients on the unit at least twice daily
- Designated housekeeping staff to clean and disinfect patient's room, areas patient visited or things touched following CDC/DPH guidelines

- Test for COVID-19 as recommended
- *If patient refuses to comply with tests, treat and manage the patient as if they were positive. If patient refuses to comply with quarantine/isolation, inform medical director.*

D. Inpatient with confirmed COVID-19 infection

- Isolate patient. May cluster patients with similar documented diagnosis
- Inform IPN, CNO/designee, and medical director/designee
- Monitor vital signs every shift
- Staff to wear mask (N95), gloves, gown and use eye protector (face shield or goggles) at the door to enter patient's room. In all situations when directly interacting with a COVID+ patient, the use of N95 mask is preferred, *especially when working on a COVID unit housing multiple patients*. However, in the absence N95 masks, the use of surgical masks is recommended, along with face shields, gloves and gown
- Patient should be masked whenever someone is coming into the room. For patients who cannot do so for themselves, patient's mask should be placed in a paper bag in the room. Staff will put on PPE at the door, enter the room and then place the mask on the patient.
- Place facemask on patient whenever outside the room.
- Monitor all staff for temp twice/day
- Monitor all patients' temperature twice a day
- Minimize entry to patient's room – cluster activities with each visit
- Limit the number of staff treating or exposed to patient to decrease contagion/spread.
- Minimize/ limit use of float staff
- Minimize movement of other patients outside the room.
- Ambulatory care medical personnel to monitor patient daily and transfer patient to medical unit when treatment needs exceed the capacity of inpatient psychiatric hospital. Staff in non-hospital settings should call the primary care doctor for worsening complaints. In an emergency, call 911